Health Home Quality Improvement Workgroup - 7/6/2022

Participants

Pamela Lester Iowa Medicaid	**Heidi Weaver Iowa Medicaid**	LeAnn Moskowitz Iowa Medicaid
Tami Lichtenberg Iowa Medicaid	David Klinkenborg AGP	**Sara Hackbart AGP**
Tori Reicherts ITC	**Bill Ocker ITC**	**Flora Schmidt IBHA**
Susan Seehase IACP	**Kristi Oliver Children's Coalition**	Paula Motsinger Iowa Medicaid
Stacy Nelson Waubonsie	**Amy May Waubonsie**	**Geri Derner YSS**
Jen Cross Orchard Place	**Kim Keleher Plains**	Andrea Lietz Plains
Melissa Ahrens CSA	Christina Smith CSA	**Faith Houseman Hillcrest**
Ashley Deason Tanager	**Stephanie Millard First Resources**	Kristine Karminski Abbe
Shawna Kalous Plains	Rich Whitaker Vera French	**Jamie Nowlin Vera French**
Crystal Hall Tanager	**Brooke Johnson Abbe**	Mike Hines Tanager
Karen Hyatt DHS	Ericka Carpenter Vera French	Kelsey Poulsen Tanager
Krystal Arleaux Orchard Place	Kellee McCrory U of I	Brooke Watson Iowa Medicaid

Notes

Draft Workgroup Report:

- **Payment methodologies**
  - Received MCOs response regarding changing 99490 to either S0280 or S0281. Both MCOs agreed to S0280 and one said that the S0281 would also be okay. Includes modifiers that work for the state.
    - Pam - Is the group good with this change? If yes, this will be included as part of our recommendations.
      - Geri Derner- what is the timeline?

                - Pam - the state would need to review the recommendation. If approved, it would need to go through the standard approval process.
        - Pam - What are your recommendations as a group?
            - Brooke Johnson - will be fine with either code
            - Shawna Kalous - fine with either code as long as they have time to make changes in their EHR
        - Geri Derner- thinking about these changes that have to be made in the system, the 99490 is everywhere so it will take some time to clean up and change over.
            - Pam- any recommendations for the group for the state to consider around this? Any details?
                - Geri Derner- wouldn't add additional bullets. Just thinking about updating instruction manuals etc.
                - Pam - we would still have past billing guides; will they meet the needs for that?
                    - Geri Derner- yes
        - Updating the Workgroup report as "Changing the 99490 to S0280 or S0281 with modifiers chosen by the state. Ample time is needed to make this change in our system and update guidelines."

- High, med, low using a risk assessment tool
    - Change the tier to High, Medium, Low using a risk tool. Potentially 1 or a crosswalk to ensure apples-to-apples across individual risk tools. Tasking this work along with proposing a tool to a workgroup.
        - Would you still like to move forward with this proposal?
            - Brooke Johnson - maybe include an add-on code to each of those
            - Kim Keleher- would this be a replacement for ICM criteria, etc?
                - Pam- the ICM population are high needs members, this doesn't stratify for members that do not have Hab and CMHW. Hearing from the IHHs that sometimes members that don't have Hab and CMHW are still high needs members. It was previously recommended to change to a high, med, low, in replacement of the HH 4 tiers (5,6,7 and 8). Is this something you would like to do? And as Brooke suggested maybe including an add-on code for Hab and CMHW.
            - Geri Derner - is there a reason we would like to change to high, med, and low?
                - Pam - for example, hearing from all of you, some kids not on CMH waiver are still high needs (in addition to the CMHW members that are high needs). Hab tiers are not the same as Health

Home tiers, here we are talking about Health Home tiers.
- Geri Derner - how often do the CCHH providers do chronic care?
  - Pam - good for a year
- Geri Derner - okay with leaving as 4 tiers
- Brooke Johnson - in support of looking at this using a sample population. Need to understand the impact.
- Geri Derner- makes sense to look at
- Mellissa Ahrens - agree to look at it as a workgroup. Can't afford a significant financial loss so would want to first understand its impacts before considering the change.
- Faith Housman - I agree with the idea of developing a work group around this topic

○ Group agrees with the following:
- Support a workgroup to consider the following:
  - Change the tier to High, Medium, low using a risk tool
  - Risk tool to identify the risk
  - Sampling to identify the unintended consequences
  - Discuss an add on code for Hab and CMHW Care Management

- **Functional Impairment tool:**
  - Krystal Arleaux - Would this tool replace the requirements of FI from the clinician?
    - Pam - if you already have a FI from a LMHP you can use that, otherwise the FI tool could be used by the IHH.
      - Geri Derner - in support of that. Would be good to have a universal tool if we didn't have an assessment from a LMHP
  - Group agrees with the following:
    - Recommend a workgroup to identify a standardized functional impairment tool that can be completed by the IHH if the FI is not readily available from a LMHP.
- **<u>Health Home Services:</u>**
  - Description:
    - "*This service will be provided using a team-based approach with shared responsibilities, working within the role's scope to the highest level of their abilities*" and *add the roles as bullet points below the statement*. The Description is the same for each one.
  - Any discussion on this?
    - No response from the group
  - Are you okay with this high-level verbiage or do we need to parse out may vs must?
    - *Add in service definition clarification as to must verses may bullets. For bullets that "may" add language "may but not limited to:"*

        - Pam - Would it be helpful if I included the change in the SPA so you can see how it looks? This may be helpful when reviewing the final workgroup report.
            - Group agrees this will be helpful
- **Health Promotion**:
    - The group agrees to the following:
        - Description: *Add "education on use of appropriate levels of care (primary care, urgent care, ED)" as a may activity.*
- **Comprehensive Transitional Care:**
    - Reviewed the Definition and Service Definition below. Changes to the Service Definition reflect the federal definition.
        - Definition:
            - Add *“or when an individual is electing to transition to a new Health Homes provider.”*
        - Service Definition:
            - *Change “Provide prompt notification of member’s admission/ discharge to and from an emergency department, inpatient residential, rehabilitative, or other treatment settings to the member’s medical care physician and community support providers with the intent of coordinating care” to the federal statement as it is more concise. “This includes prompt notification and ongoing communication of enrollee’s admission and/or discharge to and from an emergency room, inpatient residential, rehabilitative, or other treatment settings.”*
            - *Change “Receipt of a CCD from the discharging entity from the discharging entity” to “Receipt of a summary of care document from the discharging entity from the discharging entity” as the hospital does not send a CCD to the Health Home but a summary of care.*
            - *Add “Facilitate transfer from one Health Home to another.” In a bullet.*
        - Any other recommended changes?
            - Group - no additional recommendations
- **Individual and Family Support:**
    - Definition: Do you agree with updating with the CMS definition?
        - Group agrees:
            - *Recommend using the CMS definition in replace of the current Iowa definition. The definition from CMS seems to be clearer and more inclusive of resources than Iowa's.*
        - Service Definition recommendation:
            - Brooke Johnson- adding "May but not limited to" does help, opens it up. However, need to look at the Peer role supporting members in recovery of an SUD.
            - Pam- Thoughts on the statement below? Be thinking how this effects children. How would you change/add to this for children?

        - Add a bullet that describes the Peer role related to supporting members in their recovery of an SUD.
        - Krystal Arleaux - our kids that have SUS services, our Family Peer Support is supporting the family not just the member with the SUS.
        - Krystal Arleaux - Could it include something about supporting the member and family in their recovery? What is going on with the family will affect the member's recovery and sobriety.
        - Pam- anything else to add?
            - Group agrees to adding the statements and are good with the below Service Definition.
                - *Add in service definition clarification as to must verses may bullets. For bullets that "may" add language "may but not limited to:"*
                - *Add a bullet that describes the Peer role related to supporting members in their recovery of an SUD.*
                - *Add a bullet that describes the Family Peer support for member and family in their recovery.*
    - Description: do you agree with how it is written?
        - Change this section to have the following statements
            - *State "This service will be provided using a team-based approach with shared responsibilities, working within the role's scope to the highest level of their abilities."*
            - *Add the roles as bullet points below the above statement.*
                - Group - agrees
- **Referral to Community and Social Support:**
    - Pam- first thing is readiness for the referral, supporting the member for the referral. Any bullets to add for the Peer Support role to support the member in the referral process?
        - *Service Definition*
            - *Add in service definition clarification as to must verses may bullets. For bullets that "may" add language "may but not limited to:".*
        - *Description: Change this section to have the following statements*
            - *State "This service will be provided using a team-based approach with shared responsibilities, working within the role's scope to the highest level of their abilities."*
            - *Add the roles as bullet points below the above statement.*
            - *There have been trainings recently on the peer role with supporting members in discovering meaningful work and their journey to employment and I think wellness and substance use also fit into how they might support the member with readiness for potential referrals or staying committed to what they are already referred and participating in unless this fits better under individual family support, then perhaps we add some clarifying items under there around work or substance use etc.*

- Brooke Johnson - confused on Peer work when training staff on Core Services. My perspective, for this core service, Peers don't work in this service since Peers don't make referrals. Better suited for Individual and Family Support.
- Krystal Arleaux- we are talking about an official referral to another service, correct?
    - Pam- yes, that is correct
- Pam - how would you change to make clearer and represent how the Peer support works in this?
    - Does the 2 bullets that we added cover the statement in red above? If not, what do we want to add to make more clear?
        - Add a bullet that describes the Peer role related to supporting members in their recovery of an SUD.
        - Add a bullet that describes the Family Peer support the member and family in their recovery.
    - Brooke Johnson - don't think that the two bullets cover that but the language "*may but not limited to*" does. Can we add a bullet that indicates any work that the Peer does that supports the member in completing other HH core services?
    - Pam- what I am hearing, the Peer support role is to support the member around the other HH services that are being performed. For Care Coordination, the Peer Support would help with translating the information being provided by others.
        - Brooke Johnson - could be the opposite - helping explain what the member is trying to say/express to the provider.
            - Pam- how can we articulate that in here?
        - Pam - how does this sound below? Do you agree with the statement?
            - *Add a bullet that describes Peer and Family Peer Support in their role in supporting the member and family (or natural supports) during all Health Home Services.*
                - Krystal Arleaux - I like the natural support part instead of just saying family
                    - Jennifer Cross - agree with Krystal
                    - Group - agrees

- Do we all agree that the statements below reflect accurately?
    - *Service Definition*
        - *Add in service definition clarification as to must verses may bullets. For bullets that "may" add language "may but not limited to:".*
    - *Description: Change this section to have the following statements*
        - *State "This service will be provided using a team-based approach with shared responsibilities, working within the role's scope to the highest level of their abilities."*
        - *Add the roles as bullet points below the above statement.*

        - *Group -agrees*
- **<u>Quality Improvement (Conclusion and Next Steps):</u>**
    - Reviewed the Process Improvement Recommendations
        - Be thinking of anything that you would like to add for next steps for process improvements, etc.
    - Slide 15 - Links to Federal Guidance Document (p. 39) and State Medicaid Director letter (section: State Monitoring Requirements p. 11)
    - Monitoring (slide 16):
        - The state must describe how we are going to calculate cost savings. The description should include:
            - Savings resulting from improved coordination of care and chronic disease management, including data sources and measurement specifications.
            - Savings associated with serving dual-eligibles, including if Medicare data was available to the state and used in calculating the estimate.
        - These are calculated by Telligen.
        - Pam submits the results when uploading the HH Core services results.
    - Quality Measurement and Evaluation Check (slide 17):
        - Check the four assurances related to:
            - Requiring providers to report to the state all applicable quality measures as a condition of receiving payment;
                - We currently do not require Health Homes to report information.
            - Identifying measurable goals and quality measures for each goal;
                - In the fall we have talked though this. Can formalize this and have clearer steps. Want you to think about over the next 2 weeks. This is your workgroup; how could you improve/create the process using the information we receive from you and how we can identify goals. Be ready to talk through that.
            - Reporting information to CMS;
                - Telligen calculates the cost, and the state calculates the CMS Health Home Core Measures that are reported in MacPro.
            - Telligen does the cost and utilization reports. Looks at readmissions, SNF, and ED utilization.
                - Have to explain what was going on during that time, so the whys along with the cost and utilization information to give a picture of what was going on that may have influenced the outcomes.
    - Quality Measure Reports (slide 18):
        - We report these and costs in each fall

        - Currently working on building on dashboard report, and a bigger dashboard regarding measurable goals on a program level to help drive the work we do.
        - See link for information on Health Home Quality Reporting:

          https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html
- **What are your thoughts of the Quality Measure Reports?**
    - Kim Keleher- we have different measures for different MCOS, will they be the same?
        - Pam - These are the P4Ps measures. If not on the list of the HH P4P measures that we report to CMS, then we ask the MCOs how does that measure impacts these measures?
            - Sara Hackbart- asthma medication ratio comes to mind- (impacts All cause readmissions and ER utilization as well). We do have some that are the same. AGP and ITC meet every other month. We are looking at measures for 2023 as well as our population. If the denominator is low, we may not want to select that measure. Also look at HEDIS - if measures are lower than what they should be then we will take a deeper look at those. Right now, we are gathering information from the health plan overall.
    - Pam - the Health Home P4P measures are also a part of this data.
    - Every fall we look at this data and the feedback from each collaborative to determine the following years Learning Collaborative training.
    - Brooke Johnson - Can you clarify the Prevention Quality Indicator (PQI) measure?
        - Pam - Martha's did a presentation on these measures that can help explain
        - Sara Hackbart- not sure if that was recorded but will email the slide deck to the group (completed).
            - The specific info on PQI starts on slide 8.
- **Newsletters**
    - Did anyone notice that I was not doing them anymore?
        - No responses from Health Homes
    - Were they valuable to you?
        - Be thinking about our current communication structure and how it can be changed to help support quality improvement.
            - Crystal Hall - I'm still learning this job, so anything is helpful!
                - Pam - Your viewpoint is important.

Next Meeting:

- Quality Improvement (what is the oversight and how we review that). Part of that is the Telligen analysis.
    - What you would like to add for next steps for process improvements
    - Current communication structure and how it can be changed to help support quality improvement

- Review the Draft Workgroup Report
    - Will have for you the draft SPA with all of the recommended changes for your review as if all of your recommendations were implemented. This helps you visualize your recommendations.